

OFFICE OF THE CHIEF OF POLICE

SPECIAL ORDER NO. 15

July 25, 2011

SUBJECT: EXPOSURE TO CONTAGIOUS DISEASES - REVISED; AND
BLOODBORNE PATHOGEN EXPOSURE PROTOCOL FIELD NOTEBOOK
DIVIDER, FORM 18.38.01 - REVISED

EFFECTIVE: IMMEDIATELY

PURPOSE: This Order revises Department Manual Section 3/712.05, *Exposure to Contagious Diseases*, and the *Bloodborne Pathogen Exposure Protocol Field Notebook Divider*, Form 18.38.01, to add responsibilities for all supervisors who become aware that an employee may have been exposed to a contagious disease or bloodborne pathogen. This Order supersedes Special Order No. 11, *Bloodborne Pathogen Exposures*, dated March 6, 2009.

PROCEDURE: Attached is the revised Department Manual Section 3/712.05, *Exposure to Contagious Diseases*, with revisions indicated in italics to ensure that all supervisors are updated regarding their responsibilities when involved in the separation, transportation, and monitoring of employees after a Categorical Use of Force incident involving contacts with bodily fluids or bloodborne pathogen exposure. The supervisor/watch commander section responsibilities have been revised to add additional procedures. These additional procedures have also been added to the *Bloodborne Pathogen Exposure Protocol Field Notebook Divider*, Form 18.38.01.

FORM AVAILABILITY: The Bloodborne Pathogen Exposure Protocol Field Notebook Divider is immediately accessible in E-Forms on the Department's Local Area Network (LAN). A copy of the notebook divider is attached for immediate use and duplication. All other versions of this form shall be marked "obsolete" and placed in the divisional recycling bin.

AMENDMENTS: This Order amends Section 3/712.05 of the Department Manual and the Bloodborne Pathogen Exposure Protocol Field Notebook Divider.

MONITORING RESPONSIBILITY: All commanding officers shall have monitoring responsibility for this directive.

July 25, 2011

AUDIT RESPONSIBILITY: The Commanding Officer, Internal Audits and Inspections Division, shall review this directive and determine whether an audit or inspection shall be conducted in accordance with Department Manual Section 0/080.30.



CHARLIE BECK
Chief of Police

Attachments

DISTRIBUTION "D"

**DEPARTMENT MANUAL
VOLUME III**
Revised by Special Order No. 15, 2011

712.05 EXPOSURE TO CONTAGIOUS DISEASES.

Employee Responsibility. On-duty employees having contact with persons believed to have tuberculosis or infectious hepatitis shall contact Central Receiving Clinic for advice during normal business hours. Employees shall contact the Jail Division Dispensary or a physician at a contract hospital when Central Receiving Clinic is closed. Employees shall complete an Employees Report, Form 15.07.00. This report shall be submitted to the employee's supervisor or watch commander and shall include:

- The name, address, and date of birth of the person suspected of having tuberculosis or infectious hepatitis.
- The date, time, and location of the contact.
- The circumstances which caused the employee to suspect the persons condition.
- The name of the Central Receiving Clinic, Jail Division Dispensary, or contract hospital employee contacted and the advice received.
- A copy of any related reports.

Note: This procedure does not prohibit an employee from completing a Form 15.07.00 when coming into contact with other serious communicable diseases. If more than one employee was exposed to tuberculosis or infectious hepatitis from the same occurrence, one Form 15.07.00 may be submitted listing the names and serial numbers of each exposed employee.

Supervisor/Watch Commander-Responsibilities. Upon learning that an employee has been exposed to a serious communicable disease, the supervisor/watch commander shall:

- Conduct a thorough and immediate investigation and determine which employees were exposed.
- Collect and approve an Employee's Report, Form 15.07.00, listing each exposed employee and forward them with any related reports to the commanding officer of the Area/division of occurrence.

In addition, any supervisor involved in the separation, transportation and monitoring of involved/witness employees following a Categorical Use of Force incident shall:

- *Determine if any employee has been in contact with or exposed to any bloodborne pathogen or other bodily fluids during the incident.*

Note: Contact must be with blood, urine, fecal matter, saliva, or other potentially-infectious bodily fluid.

- *If contact with any bodily fluids or an exposure has occurred, the supervisor shall require the concerned employee to immediately cleanse and/or disinfect the contaminated area if the officer has not already done so. If there is a reasonable likelihood that the bodily fluid may be relevant evidence for the investigation, photographs shall be taken immediately. All evidence shall be booked in accordance with Department policy. Cleansing and/or disinfecting the exposed area shall not be delayed to obtain a camera.*

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- *Determine if any clothing or equipment worn by an employee during the use of force incident has been in contact with an involved person's bodily fluids. In such cases, the employee shall be allowed to immediately change or remove contaminated clothing and/or equipment.*
- *Preserve towels, cloths, or other items used by an exposed employee to cleanse bodily fluids from his/her skin, and all items of the employee's clothing and/or equipment containing traces of bodily fluids as evidence.*
- *Notify the incident commander and Force Investigation Division investigators of all actions taken pursuant to this Order and document them in a Sergeant's Daily Report, Form 15.48.00.*
- *The incident commander shall ensure that bloodborne pathogen exposure, injury treatment and reporting of them are followed.*

Commanding Officer-Responsibility. The Area/division commanding officer receiving the Employee's Report, Form 15.07.00, and related reports shall review and forward them to Personnel Division.

Commanding Officer, Personnel Division-Responsibility. The Commanding Officer, Personnel Division, upon receiving a copy of the Employees Report, Form 15.07.00, and related reports shall:

- Cause a copy of the Form 15.07.00 to be placed in each employees medical package at Medical Liaison Section.
- In cases of exposure to a tubercular, forward a copy of the Form 15.07.00 and any necessary related reports to the Tubercular Control Division, County Health Department.

BLOODBORNE PATHOGEN EXPOSURE. When an employee requires an evaluation or treatment for exposure to a bloodborne pathogen, which occurs during regular business hours (6:00 A.M. to 5:00 P.M., Monday through Friday), he or she shall contact or respond to Medical Services Division (MSD), within two hours of the original exposure. If the incident occurs after regular business hours, the employee shall contact or respond to Metropolitan Jail Section, Valley (Van Nuys) or 77th Street Regional Jail Section Dispensaries, within two hours of the original exposure.

Commanding Officer's Responsibilities. Upon notification that an employee under his/her command has sustained an occupational bloodborne pathogen exposure, the commanding officer shall:

- Ensure that the employee is immediately evaluated by MSD medical staff at one of the City's dispensaries;
- Meet with the involved employee(s) to discuss the process that will occur (e.g., MSD procedure, BSS referral, etc.);
- Ensure that the initial needs of the involved employee are met (e.g., ensure necessary medical attention is provided and provide transportation to their residence at the conclusion of interviews, if necessary, etc.);

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- Ensure that the exposure incident is properly documented (e.g., Employee's Report, Form 15.07.00, Occupational Injury or Illness, State Form 5020);
- Notify BSS within 24 hours of the incident;

Note: During off-hours, the commanding officer or supervisor should contact the on-call BSS psychologist through the Department Command Post, Real-Time Analysis and Critical Response Division (RACR).

- Schedule an appointment for the employee with BSS within two administrative working days for psychological counseling by a licensed mental health professional;

Note: An employee's attendance at a BSS session resulting from a directed referral is mandatory and shall be conducted on an on-duty basis.

- Notify the involved employee of the appointment; and,
- Consult with BSS before and after the involved employee's mandatory appointment to obtain their recommendation regarding any work restrictions. Other than the recommendation of BSS, matters discussed during the BSS evaluation shall be strictly confidential.

Behavioral Science Services Responsibilities. Behavioral Science Services will schedule an appointment in a timely manner for an employee involved in an occupational bloodborne pathogen exposure. Whenever possible, a BSS psychologist will consult with the employee's commanding officer before conducting the evaluation. After the session with the concerned employee the psychologist will make an appropriate recommendation to the commanding officer regarding any work restrictions.

BLOODBORNE PATHOGEN EXPOSURE PROTOCOL

FIELD NOTEBOOK DIVIDER

The purpose of this Field Notebook Divider is to summarize the concepts and procedures necessary for preventing exposure to bloodborne pathogens in the field, and to outline what to do should an exposure occur.

INTRODUCTION

What are Bloodborne Pathogens?

Bloodborne pathogens are *germs transmitted by exposure to blood or other potentially infectious body fluids.*

What Are "Other Potentially Infectious Body Fluids"?

Other than blood, the potentially infectious body fluids most likely to be encountered in the field are *semen, vaginal fluid, breast milk, amniotic fluid and any other body fluid containing visible traces of blood* (such as a traffic accident victim's bloody vomit).

Saliva that has no traces of blood is *not* a potentially infectious body fluid.

What Are the Bloodborne Pathogens Most Likely to Be Encountered in the Field?

Hepatitis B, Hepatitis C, and HIV, the virus that causes AIDS.

What is a Bloodborne Pathogen Exposure?

A bloodborne pathogen exposure requires that *two criteria be met:*

1. *Contact must be with blood or another potentially infectious body fluid; and*
2. *Contact must be through a portal of entry capable of introducing the blood or other potentially infectious body fluid into the bloodstream, such as a break in the skin or a mucous membrane such as the eyes or the inside of the nose or mouth.*

Exposure has not occurred if only one of the above-criteria has been met.

For example:

- An employee is exposed if he or she is punctured by a needle.
- An employee is *not* exposed if he or she has blood splashed onto intact skin.
- Transporting or interviewing a person who is infected with Hepatitis B or HIV is *not* an exposure.

UNIVERSAL PRECAUTIONS

How Do I Protect Myself From Bloodborne Pathogens in the Field?

Universal precautions shall be used to protect against bloodborne pathogen exposure.

What are Universal Precautions?

Universal precautions are Cal/OSHA-mandated procedures for reducing the risk of exposure to bloodborne pathogens. The *key element of universal precautions is treating all blood and other potentially infectious body fluids, from all persons, at all times as*

if it is infectious. Universal precautions must be used since you can never know for sure who in the field is infected.

How are Universal Precautions Used in the Field?
Cal/OSHA and the Department mandate that all employees shall always use universal precautions in the field:

1. *Latex gloves shall be worn when contact with blood or other potentially infectious body fluids is anticipated and shall be changed after each contact. Leather gloves are not an acceptable substitute for latex gloves.*
2. *Latex gloves shall be turned inside out when being removed and disposed of as indicated in the Department Manual (3/712.13).*
3. *Hands and skin surfaces shall be thoroughly washed as soon as possible after providing first aid, or after contact with blood or other potentially infectious body fluids. If a waterless cleanser was used to wash in the field, then hands shall be washed with soap and water as soon as possible afterwards.*
4. *Masks, protective eye wear, and gowns shall be worn if possible whenever splashing is anticipated.*
5. *Precautions shall be taken to prevent injuries caused by needles and other sharp instruments.* For example, needles shall be not be recapped, bent or broken by hand, and sharp objects taken into evidence shall be placed in an appropriate puncture resistant container. Searches shall be conducted with care. Remember: *look before you reach.*
6. *C.P.R. masks or other ventilation devices shall be used to reduce the risk of exposure to bloodborne pathogens and other diseases.*
7. *An employee's open cuts or sores shall be covered with adhesive bandages. If blood soaks through the bandage, it shall be changed.*

How Shall Universal Precautions Equipment be Carried in the Field?

Cal/OSHA requires that Personal Protective Equipment Kits for universal precautions be provided by the City. Personal Protective Equipment Kits can be obtained from the kit room or supply locker.

Who Should Carry Personal Protective Equipment Kits?

- One complete Personal Protective Equipment Kit shall be stored in every police vehicle (car, van, bus, truck, etc.).
- Modified kits shall be carried by motorcycle, bicycle and mounted units. A modified kit shall contain at least one of each required item.
- The Department recommends that all uniformed officers assigned to enforcement activities, especially footbeat officers who may not have convenient access to their Personal Protective Equipment Kits, carry latex gloves, towelettes and a C.P.R. mask.

What are the Contents of a Complete Personal Protective Equipment Kit?

Item	Supply Div. Order #
Latex gloves (four pairs)	9374684
C.P.R. mask (1)	8601020
A surgical mask (1)	8612005
Towelettes (6)	9380063
Tube of hand cleaning gel (1)	9325051
Evidence tube and cork (1 each)	7690635 & 6550324
Pair of disposable boots (two pairs)	9300021
Jumpsuit (1)	9374490
Apron (1)	9374589
Contamination Bags (10)	9380144

Who is Responsible for Ensuring that a Personal Protective Equipment Kit is Complete?

- Officers shall replace the items from the kit room or supply locker if there are any items missing from a kit.
- A supervisor shall be notified immediately if individual kit items are not available.
- Commanding officers are responsible for ensuring that an adequate supply of equipment is maintained in the kit rooms or supply lockers.

EXPOSURE EVALUATION AND TREATMENT

If There is a Bloodborne Pathogen Exposure, Are There Treatments That Can Prevent an Infection From Occurring?

Yes. There are treatments that are highly effective but they must be taken promptly, and work best when begun within 2 hours after an exposure. Since these treatments must be authorized by City physicians, not contract hospital staff, the protocol described below must be followed to ensure prompt treatment.

What Should An Employee Do If He/She Believes He/She Has Sustained an Exposure?

The protocol depends upon whether or not the employee requires emergency medical care. A possible exposure by itself is not an injury requiring emergency medical care. For example, a suspect's blood splashed into an employee's eye is not an injury requiring emergency medical care. However, it is an exposure requiring evaluation and possible treatment by City medical staff.

What Should an Employee Do If There is a Possible Exposure But No Injury Requiring Emergency Medical Care?

The employee shall:

1. Immediately cleanse and/or disinfect the exposed area. Exposed mucous membranes shall be flushed with water.
2. Immediately report the incident to a supervisor. Supervisors are responsible for ensuring that bloodborne pathogen and injury reporting protocols are adhered to.
3. Call or report to City medical staff, within 2 hours of exposure, at one of the following locations for evaluation and possible treatment to prevent infection: Metropolitan Detention Center, Jail Dispensary, (213) 356-3750 or (213) 356-3752; Medical Services Division, (213) 473-6960.

In addition, any supervisor involved in the separation, transportation, and monitoring of involved/witness employees following a Categorical use of force incident **shall**:

1. Determine if any employee has been in contact with or exposed to any bloodborne pathogen or other body fluids during the incident.
Note: Contact must be with blood, urine, fecal matter, saliva, or other potentially infectious body fluid.
2. If contact with any body fluids or an exposure has occurred, the supervisor shall require the concerned employee to immediately cleanse and/or disinfect the contaminated area if the officer has not already done so. If there is a reasonable likelihood that the body fluid may be relevant evidence to the investigation, photographs shall be taken immediately. Cleansing and/or disinfecting the exposed area **SHALL NOT** be delayed to obtain a camera.
3. Determine if any clothing or equipment worn by an employee during the use of force incident has been in contact with an involved person's body fluids. In such cases, the employee shall be allowed to immediately change or remove contaminated clothing and/or equipment.
4. Preserve as evidence towels, cloths, or other items used by an exposed employee to cleanse body fluids from his/her skin, and all items of the employee's clothing and/or equipment containing traces of body fluids.
5. Notify the incident commander and FID investigators of all actions taken pursuant to Special Order No. 15, 2011 and document them in a Sergeant's Daily Report, Form 15.48.00.
6. The incident commander shall ensure that bloodborne pathogen and injury treatment and reporting are followed.

What Should an Employee Do if There is a Possible Exposure And There Is An Injury Requiring Emergency Medical Care?

1. Immediately cleanse and/or disinfect the exposed area. Exposed mucous membranes shall be flushed with water.
2. The employee shall be taken to the nearest emergency hospital within 2 hours for treatment of the injury.
3. The responding supervisor or senior officer present shall immediately call City medical staff to report the possible exposure so that they can consult promptly with the emergency hospital about whether to begin treatment to prevent infection. Treatment to prevent infection shall not begin without consultation with City medical staff, who may be reached at one of the following locations: Metropolitan Detention Center, Jail Dispensary, (213) 356-3750 or (213) 356-3752; Medical Services Division, (213) 473-6960.

SOURCE PERSON TESTING

What is a Source Person?

A source person is the individual whose blood or other potentially infectious body fluid is the source of the exposure. For example, a source person may be a suspect, a crime or accident victim, or a fellow officer.

When Should the Identity of the Source Person Be Recorded?

A source person's identifying information shall be recorded when necessary to complete relevant official reports, such as crime or accident reports. However, the confidentiality of the source person's identity shall be maintained by all employees at all times.

Can the Source Person be Tested?

Yes, under certain circumstances, and only upon the recommendation of City medical staff based on objective medical criteria. A source person's willingness to be tested is not sufficient grounds for testing.

What are the Procedures for Testing a Source Person?

City medical staff must first determine that there is an objective medical basis to warrant testing. The procedures for testing then depend upon whether the source person voluntarily agrees to be tested.

What are the Procedures If a Source Person Voluntarily Consents to Testing?

In all cases, City medical staff must first determine that there is an objective medical basis to warrant testing. Then,

If the source person is at a City facility:

City medical staff will obtain written consent and withdraw a blood sample for testing.

If the source person is at a non-City medical facility:

The medical staff at the facility will obtain written consent and withdraw a blood sample. A department employee shall then transport the blood sample to City medical staff for testing.

If the source person is not at a medical facility:

City medical staff shall make arrangements to obtain written consent and have the source person tested.

Can a Department Employee Obtain the Source Person's Consent to Test?

No, under no circumstances shall an officer or other Department employee obtain consent.

What if the Source Person Refuses to Consent to Testing?

Under certain circumstances, state law permits testing without consent.

City medical staff must first determine that there is an objective medical basis to warrant testing. City medical staff must then determine that the source person refuses to be tested voluntarily.

The involved officers shall then ensure either their divisional detectives or detectives in the division of occurrence are notified and provided all relevant reports. The detectives, not the officers, shall then complete a request for involuntary testing and contact the City Attorney's Police General Counsel Section (213) 485-5414.

The standards for involuntary testing are described in the Department's Bloodborne Pathogen Protocol, which is available at each watch commander's office. If additional information is needed, the detectives shall call the Department's Medical Liaison Section at (213) 486-4600. If Medical Liaison Section is closed, the detectives shall call Detective Support and Vice Division at (213) 486-0910.